

Certified Family Support Partner Application Instructions

Dear Family Support Partner Applicant,

Thank you for your interest in Family Support Partner Certification through the Department of Health & Welfare Division of Behavioral Health. The life experience of raising a child who is living with a behavioral health diagnosis is a unique parenting experience best shared with someone who has successfully navigated the various systems of care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

Call 208-639-5720 or email PeerSpecCert@dhw.idaho.gov

To efficiently move through this process, follow these steps:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at:
- <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, and the Code of Ethics.
- [Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to: PeerSpecCert@dhw.idaho.gov](#)

Or mail your application to:

Division of Behavioral Health
450 W. State Street 3rd Floor
Boise, ID 83702
Attn: Peer Certification Oversight Committee/Family Support

- Refer to the checklist in the application to ensure that you are submitting all the required documentation.

Once we have received your completed application, you will be notified by mail or email that your application has been received and/or if there are additional documents needed. If your application is complete upon initial review, then it will be reviewed by the Certification Oversight committee for

final processing. Within thirty (30) days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

As the Family Support Partner Service and certification are new to the State of Idaho, your certification following the Idaho-Approved training will demonstrate your knowledge of the specialty that is Family support in the up and coming world of peer driven services. If you recently completed training and have completed the requirement set forth above, you may be granted a one-time six-month (6) certificate in order for you to obtain your supervised work experience. Once you have completed your work experience, you may submit the remaining requirements for full certification. If you do not submit the remaining requirements, your 6 month certificate will lapse and you may need to re-submit a new application.

Once your certification is up for renewal, you may apply for a renewal certificate. **It is your responsibility to keep track of your recertification date; no reminders will be sent.** When it is time to renew your certification, please go to:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> and complete your renewal application. This includes documenting your continuing education/training hours earned during the last certification period.

The renewal application must be postmarked on or before the expiration date as shown on your certificate. If your application is not complete and received by the date shown on your certificate, any Family Support Partner services provided as a Peer service may not be reimbursable due to your certification being invalid.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 State street 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your

grievance will be made within sixty (60) days of receipt. All decisions made on a submitted grievance are final.

Should you have questions, please feel free to contact us at: 208-639-5720. Thank you again for your interest in becoming a Family Support Partner in Idaho.